

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

1. County of Dila State Index No. 94

District of _____ County Registrar No. 107

Town of Miami Local Registrar No. _____

or _____

City of _____ No. _____ St. _____ Ward _____

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Clyde Wallace Stacey If child is not yet named, make supplemental report, as directed.

3. Sex of Child Male To be answered ONLY in event of plural births. 4. Twin, triplet or other _____ 5. No., in order of birth 3 6. Legitimate? yes 7. Date of birth Feb. 1 - 1924

8. FATHER Full name McClurg Jasper Stacey 14. MOTHER Full maiden name Mabel Nelson

9. Residence (Usual place of abode) Miami 15. Residence (Usual place of abode) Miami

If nonresident, give place and state Ariz. If nonresident, give place and state Ariz.

10. Color or race White 16. Color or race White

11. Age at last birthday 30 (Years) 17. Age at last birthday 22 (Years)

12. Birthplace (city or place) McClurg, Mo. 18. Birthplace (city or place) Cincinnati Ohio

(State or country) (State or country)

13. Occupation Skimmer at Smelter 19. Occupation Housewife

Nature of industry Nature of industry

20. Number of children of this mother (a) Born alive and now living 3 21. Were precautions taken against ophthalmia neonatorum? yes

(Taken as of time of birth of child herein certified and including this child.) (b) Born alive but now dead (c) Stillborn

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born at 7 P. m. on the date above stated.

(Born alive or stillborn.)

Signature C. M. Crow M.D. (Physician or midwife)

Address Miami, Arizona

Given name added from _____

a supplemental report _____

Month, day, year. _____

Registrar. _____

Filed Feb 29, 1924 _____

Filed 3/5 1924 _____

County Registrar. _____

328-201-455